

**SUPPORTED EMPLOYMENT – NOTICE OF TRANSITION TO EXTENDED SERVICES**

DR387 (New 06/04)

Extended Service Provider (ESP) Name & Address:	SEP#:	Date:
	Consumer:	
	Date of Birth:	
SE Service Provider Name & Address: (If different from ESP)	DOR Counselor:	
	DOR District:	
	UCI #:	Individual Group


This is to notify you that DOR funding for supported employment services for the above named consumer will be discontinued effective (the first day of the month following the consumer's stabilization):

Extended services will be provided by the Extended Service Provider named above after the effective date.

Attached are the last two monthly job coach reports to confirm that the consumer is stable and ready to transition to extended services. (Documentation may include the DR384 - Supported Employment Monthly Job Coach Reports).

The DOR Counselor will continue to monitor consumer progress after transition to determine whether consumer needs any additional VR services prior to VR case closure.

Effective VR closure date (end of the month) will be:

DOR Counselor Signature: 	Email Address:	Phone Number:	Date Signed:
--	----------------	---------------	--------------

Distribution: DOR Case File District Account Tech  
Extended Service Provider

Regional Center (or other funding source)  
SE Service Provider (if different from ESP)

**NOTICE:** This is confidential information from the records of the California Department of Rehabilitation. State and federal law and departmental regulations prohibit you from making any further disclosure of this information without the informed, written consent of the person to whom this information pertains.